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## FACSIMILE TRANSMISSION

**DATE:** September 12, 2005

**FILE NUMBER:** 7037172001-3225000

**To:**

NAME:	FAX No.:	PHONE No.:
Examiner Robert Madsen	571-273-8300	

**FROM:** Kristin J. Azcona

**PHONE:** (949) 224-6230

**RE:** Application Serial No. 09/468668

NUMBER OF PAGES WITH COVER PAGE: 27	
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**Message:**

### URGENT!!!

Attached is a courtesy copy of the Supplemental Response to Office Action and the Change of Correspondence Address we filed today in the above-referenced application.

If you should have any questions, please feel free to contact this office.

Sincerely,  
Kristin J. Azcona  
Paralegal

Start Time:	a.m. / p.m.
Finish Time:	a.m. / p.m.
Vicinity:	Local Long Dist International

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